

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

MCCONNELL VICTORY COMMITTEE

ADDRESS (number and street)

228 S. WASHINGTON ST.

Check if different
than previously
reported. (ACC)

STE. 115

ALEXANDRIA

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00638007

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Lisker, Lisa, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Lisker, Lisa, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MCCONNELL VICTORY COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2019		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	48590.88	
(c) Total Receipts (from Line 19)	506500.00	2328850.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	555090.88	2328850.00
7. Total Disbursements (from Line 31).....	482903.44	2256662.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	72187.44	72187.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

MCCONNELL VICTORY COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	9		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	9		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	454000.00	2039900.00
(ii) Unitemized	0.00	450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	454000.00	2040350.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	52500.00	288500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	506500.00	2328850.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	506500.00	2328850.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	506500.00	2328850.00

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	45903.44	142265.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	45903.44	142265.24
22. Transfers to Affiliated/Other Party Committees.....	437000.00	2114397.32
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	482903.44	2256662.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	482903.44	2256662.56

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	506500.00	2328850.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	506500.00	2328850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	45903.44	142265.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	45903.44	142265.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MCCONNELL VICTORY COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Abingdon Health & Rehab Center

Mailing Address 15051 Harmony Hills Lane

City
Abingdon

State
VA

Zip Code
24211

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2019

Transaction ID : SA11AI.4461

Amount of Each Receipt this Period

10000.00

☐ Memo Item
See Partner Memos

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Petrine, Debbie, , ,

Mailing Address 5372 Fallowater Lane
Ste. 200

City
Roanoke

State
VA

Zip Code
24018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Abingdon Health & Rehab Center

Occupation (for Individual)
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2019

Transaction ID : SA11AI.4461.0

Amount of Each Receipt this Period

4800.00

☒ Memo Item
Abingdon Health & Rehab Partner Memo

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sheffer, Brady, , ,

Mailing Address 5372 Fallowater Lane
Ste. 200

City
Roanoke

State
VA

Zip Code
24018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Abingdon Health & Rehab Center

Occupation (for Individual)
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2019

Transaction ID : SA11AI.4461.1

Amount of Each Receipt this Period

2000.00

☒ Memo Item
Abingdon Health & Rehab Partner Memo

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

MCCONNELL VICTORY COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stallard, Pat, , ,

Mailing Address 5372 Fallowater Lane
Ste. 200

City
Roanoke

State
VA

Zip Code
24018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Abingdon Health & Rehab Center

Occupation (for Individual)
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2019

Transaction ID : SA11AI.4461.2

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Abingdon Health & Rehab Partner Memo

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Goodall, Lury, , ,

Mailing Address 5372 Fallowater Lane
Ste. 200

City
Roanoke

State
VA

Zip Code
24018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Abingdon Health & Rehab

Occupation (for Individual)
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2019

Transaction ID : SA11AI.4461.3

Amount of Each Receipt this Period

1500.00

☒ Memo Item

Abingdon Health & Rehab Partner Memo

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tucker, David, , ,

Mailing Address 5372 Fallowater Lane
Ste. 200

City
Roanoke

State
VA

Zip Code
24018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Abingdon Health & Rehab Center

Occupation (for Individual)
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2019

Transaction ID : SA11AI.4461.4

Amount of Each Receipt this Period

700.00

☒ Memo Item

Abingdon Health & Rehab Partner Memo

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MCCONNELL VICTORY COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Burchfield, John, , ,

Mailing Address 10502 Royal Points Dr.

City
NorthportState
ALZip Code
35475FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHS Management LLCOccupation (for Individual)
VP AL Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2019

Transaction ID : SA11AI.4457

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Estes, J. Norman, , ,

Mailing Address 11142 Telmar Dr.

City
NorthportState
ALZip Code
35475FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHS Management LLCOccupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2019

Transaction ID : SA11AI.4459

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fertitta, Frank, , , III

Mailing Address PO Box 379045

City
Las VegasState
NVZip Code
89137FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fertitta EntertainmentOccupation (for Individual)
Chairman/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

147000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2019

Transaction ID : SA11AI.4491

Amount of Each Receipt this Period

147000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

152000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 9 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MCCONNELL VICTORY COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fertitta, Lorenzo, , ,

Mailing Address PO Box 379045

City

Las Vegas

State

NV

Zip Code

89137

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UFC

Occupation (for Individual)

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

147000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 27 / 2019

Transaction ID : SA11AI.4493

Amount of Each Receipt this Period

147000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fralin, W. Heywood, , ,

Mailing Address PO Box 29600

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Facilities of America

Occupation (for Individual)

Chairman

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2019

Transaction ID : SA11AI.4473

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Marcus, Bernard, , ,

Mailing Address 1266 West Paces Ferry Rd.
#615

City

Atlanta

State

GA

Zip Code

30327

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2019

Transaction ID : SA11AI.4497

Amount of Each Receipt this Period

50000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

222000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

MCCONNELL VICTORY COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Marcus, Wilma, , ,

Mailing Address 1266 West Paces Ferry Rd.
#615

City
Atlanta

State
GA

Zip Code
30327

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

Transaction ID : SA11AI.4495

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Midtown Real Estate Company LLC

Mailing Address 4000 Town Center
Ste. 700

City
Southfield

State
MI

Zip Code
48075

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2019

Transaction ID : SA11AI.4487

Amount of Each Receipt this Period

10000.00

☐ Memo Item
See Partner Memo

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Qazi, Mohammed, , ,

Mailing Address 4000 Town Center
Ste. 700

City
Southfield

State
MI

Zip Code
48075

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Midtown Real Estate

Occupation (for Individual)

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2019

Transaction ID : SA11AI.4487.0

Amount of Each Receipt this Period

10000.00

☒ Memo Item
Midtown Real Estate Company Partner Memo

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 17
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MCCONNELL VICTORY COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Morton, Michael, , ,

Mailing Address 415 Rogers Ave.

City
Fort Smith

State
AR

Zip Code
72901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Arkansas Nursing Cente

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 10 / 2019

Transaction ID : SA11AI.4485

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

454000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 17

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MCCONNELL VICTORY COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 75357

City
WASHINGTONState
DCZip Code
20013FEC ID number of contributing
federal political committee.

C

C00006080

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	5		2	0	1	9		

Transaction ID : SA11C.4481

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ASIAN AMERICAN HOTEL OWNERS ASSOCIATION PAC (AAHOA PAC)Mailing Address 5845 RICHMOND HIGHWAY
SUITE 820City
ALEXANDRIAState
VAZip Code
22303FEC ID number of contributing
federal political committee.

C

C00336743

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	9		2	0	1	9		

Transaction ID : SA11C.4483

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIRECT SUPPLY, INC. PARTNERS PAC (DSI PARTNERS PAC)

Mailing Address 6767 NORTH INDUSTRIAL ROAD

City
MILWAUKEEState
WIZip Code
53223FEC ID number of contributing
federal political committee.

C

C00409516

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	9		

Transaction ID : SA11C.4475

Amount of Each Receipt this Period

25000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

40000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 17
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MCCONNELL VICTORY COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GENESIS HEALTHCARE INC PAC

Mailing Address 101 EAST STATE STREET

City
KENNETT SQUARE

State
PA

Zip Code
19348

FEC ID number of contributing
federal political committee.

C C00292094

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2019

Transaction ID : SA11C.4479

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PROTECT SENIORS NOW

Mailing Address 12201 BLUEGRASS PARKWAY

City
LOUISVILLE

State
KY

Zip Code
40299

FEC ID number of contributing
federal political committee.

C C00513713

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2019

Transaction ID : SA11C.4477

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12500.00

52500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCONNELL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. Air Charter Service Inc.

Mailing Address 1200 RXR Plaza

City
UniondaleState
NYZip Code
11556Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	5			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.4499**

Amount of Each Disbursement this Period

13987.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Air Charter Service Inc.

Mailing Address 1200 RXR Plaza

City
UniondaleState
NYZip Code
11556Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	6			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.4502**

Amount of Each Disbursement this Period

13955.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Alexander's

Mailing Address 105 S Jefferson St.

City
RoanokeState
VAZip Code
24011Purpose of Disbursement
Event Catering

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	5			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB21B.4506**

Amount of Each Disbursement this Period

5931.44

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

33873.44

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCONNELL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. Huckaby Davis Lisker

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
								2019					

Mailing Address 228 S Washington St.
Ste. 115City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Compliance Consulting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.4504**

Amount of Each Disbursement this Period

12000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

12000.00

TOTAL This Period (last page this line number only)..... ►

45873.44

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 17

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCONNELL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BLUEGRASS COMMITTEE

Mailing Address 228 S. WASHINGTON ST., STE. 115

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
Distribution of Net JFC Proceeds

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2019

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2019

FEC Identification Number

C C00235655**Transaction ID : SB22.4509**

Amount of Each Disbursement this Period

29000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MCCONNELL SENATE COMMITTEE

Mailing Address PO BOX 1496

City
LOUISVILLEState
KYZip Code
40201Purpose of Disbursement
Distribution of Net JFC Proceeds

Candidate Name

MCCONNELL, MITCH, , ,Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify)

State: KY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2019

FEC Identification Number

C C00193342**Transaction ID : SB22.4508**

Amount of Each Disbursement this Period

44000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NRSC

Mailing Address 425 2ND STREET NE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
Distribution of Net JFC Proceeds

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2019

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2019

FEC Identification Number

C C00027466**Transaction ID : SB22.4510**

Amount of Each Disbursement this Period

145000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

218000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 17

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCONNELL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. NRSC

Mailing Address 425 2ND STREET NE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
Distribution of Net JFC Proceeds- BUILDING FUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2019

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

FEC Identification Number

C C00027466**Transaction ID : SB22.4511**

Amount of Each Disbursement this Period

219000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

219000.00

437000.00